



Town of Parachute Mechanical Permit Application

Permit No. _____
Date: _____, 20____

Owner/Applicant Name: _____ Phone no. _____

Address: _____

Builder/Contractor Name: _____ Phone no. _____

Address: _____

Construction Site Legal Description (Subdivision, Lot & Block, attach proof of owner ship) _____

Type and Purpose of Building: _____

Inspection for: (enter type, number of units and size/description in blank)

Furnaces: _____ Appliance Vents: _____

Repair: _____ Additions: _____

Boilers: _____ Compressor: _____

Absorption Systems: _____

Air Handlers: _____ Evap. Cooler: _____

Ventilation: _____ Exhaust: _____

Incinerators: _____ Other: _____

Fuel Gas piping: _____ Process piping: _____

FOR INSPECTION/ADMINISTRATIVE ONLY:

TYPE OF INSPECTION: _____

FEES:

Issuance fee: _____

Unit fee summary: _____

(attach itemized calculation)

Inspection fee: _____

TOTAL: _____